



## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature

☐ Agent☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

**RECEIVED**  
 If YES, enter delivery address below: ☐ Yes ☐ No

FEB 04 2008

Office Of The Attorney General

Office Services

3. Service type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0001 7313 6690

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

08 cv 689

FILED

FEB 12 2008 YM

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

FEB 12 2008